DRG Prior Authorization

Revised 2016

DRG

Effective date: July 1, 2013

WHAT IS THE SAME?

Providers continue to submit review requests in eQSuite:

- ➢ Inpatient authorization requests
- ➢ Pre-authorization of elective procedures
- ➢ Retrospective review requests
- ➢ BBA review requests for emergency admissions
- ➢ Undocumented non-citizen requests for emergency admissions

WHAT IS THE SAME?

Providers access eQSuite to:

➢ Respond to requests for additional information

➢ View request determinations

➢ View/download letters

➢ View/download reports

➢ Submit requests for reconsideration of an adverse determination

WHAT IS THE SAME?

- ➢ Timelines for submission of requests

- ➢ Timelines for response to requests

- ➢ Pends for additional information

- ➢ Reconsideration process

WHAT IS THE SAME?

For admissions **prior to July 1, 2013**:

- ➤ Includes retrospective reviews for recipients admitted prior to 7/1/2013

- ➤ Current authorization rules are still in effect

- ➤ Admissions and continued stays continue to be entered in eQSuite

- ➤ Medical necessity criteria and length of stay rules apply

- ➤ SmarTReview algorithms apply

WHAT IS THE SAME?

BBA and Undocumented non-citizen reviews for dates of admission **prior to and after July 1, 2013**:

➢ Admissions and <u>continued stays</u> continue to be entered in eQSuite

➢ Services continue to be reviewed according to the AHCA definition of "emergency"

➢ Services continue to be approved until the emergency is alleviated

WHAT IS THE SAME?

BBA Reviews:

Applicable to:

➢ Inpatient services <u>after</u> benefits are exhausted

  ➢ Adult fee-for service recipients

  ➢ Adult MediPass recipients

  ➢ Medicaid HMO recipients

WHAT IS THE SAME?

Medically Needy:

➢ Authorization is required

➢ Authorization requests are submitted retrospectively

➢ Authorization requests are submitted for the entire inpatient stay

WHAT IS THE SAME?

HCAC/OPPC:

Providers continue to report HCAC/OPPC in eQSuite for:

➢ Admission dates prior to 7/1/13

➢ BBA review requests

➢ Undocumented non-citizen review requests

WHAT IS THE SAME?

Recipient eligibility:

Verify the recipient's eligibility prior to submitting a review request to eQHealth.

WHAT IS THE SAME?

Recipients Category of Aid:

- ➤ Fee for Service
- ➤ MediPass
- ➤ Recipients with third party insurance when Medicaid will pay any part of the claim
- ➤ Undocumented non-citizens
- ➤ Recipients who have exhausted their 45 day inpatient benefit (HMO and Fee for Service)
- ➤ Dual Eligible Medicare/Medicaid eligible recipients who have exhausted the Medicare inpatient benefit:
  - ➤ Prior to admission
  - ➤ During the inpatient stay
- ➤ Medically Needy

WHAT IS THE SAME?

Exempt from review:

➢ Recipient death on the day of admission

➢ Transplant re-admissions under the global rate

WHAT IS THE SAME?

Authorization is required for scheduled elective surgeries
<u>prior to admission</u>

Reminder: Recipients under age 21 are exempt from prior authorization of elective scheduled surgeries except for:

- Bariatric Surgery
- Hysterectomy
- Elective C-section

(Authorization requests submitted prior to 7/1/13 for procedures scheduled on or after 7/1/13 do not require a new authorization submission.)

DRG 7/1/2013

For admissions **beginning on and after July 1, 2013**
DRG applies to all:
- ➤ Acute Inpatient Facilities
- ➤ Inpatient Rehabilitation Facilities
- ➤ Long Term Acure Care (LTAC)

Excluded:
- ➤ Florida State Hospital
- ➤ Northeast Florida State Hospital
- ➤ South Florida State Hospital
- ➤ West Florida Community Care

Exceptions:
- ➤ BBA
- ➤ Undocumented non-citizens

http://fl.eQHS.org

DRG 7/1/2013

For inpatient admissions* **beginning on and after July 1, 2013:**

- ➢ DRG reimbursement rules apply

- ➢ Continued stay requests are <u>not</u> entered in eQSuite

- ➢ Prior Authorization Numbers (PA#s) are issued for 1 covered day if medical necessity is met:
    - ➢ <u>Enter the proposed or actual discharge date</u>
    - ➢ <u>Enter "1" for "# days requested"</u>

Exception: BBA and Undocumented non-citizen review requests.

DRG 7/1/2013

For admissions **beginning on and after July 1, 2013:**

eQHealth will not be able to make any changes to a PA that has been used or attached to a claim for a DRG inpatient stay

DRG 7/1/2013

BBA PA is only required when the recipient has exhausted all 45 days of their inpatient stay benefit <u>prior to </u>admission

BBA initial and continued stay requests are <u>not</u> submitted if:

➢ The recipient's 45 day inpatient benefit is exhausted <u>during</u> the inpatient stay

➢ The recipient's days are exhausted <u>during</u> the inpatient stay and the stay "spans" the new fiscal year

DRG 7/1/2013

BBA

If the recipient is admitted as BBA prior to the end of the Fiscal Year, and their stay extends into the new Fiscal Year, continued stays will not be required for dates of service beginning the first day of the new Fiscal Year.

DRG 7/1/2013

HCAC/OPPC are no longer reported in eQSuite when submitting a review request for admission dates <u>on or after July 1, 2013</u>.

Exception:

➤ Undocumented non-citizen review requests

➤ BBA review requests

DRG 7/1/2013

Effective 7/1/13, authorization is required for all one day emergency, urgent and trauma admissions:

➢ Applies to:

  ➢ Same day admission discharge

  ➢ Admission and next day discharge

➢ Observation does <u>not</u> require authorization

➢ When authorizations are requested within 24 hours of admission, eQHealth will render a determination within 48 hours

DRG 7/1/2013

Dually eligible Medicare/Medicaid Recipients:

- Authorization is required if the Medicare inpatient benefit exhausts:
  - Prior to admission, or
  - During the inpatient stay

- Authorization requests should be submitted *prior to* exhaustion of the Medicare benefit.

- Submit the authorization request with the actual date of admission, not the exhaustion date.

DRG 7/1/2013

<u>Maternity</u>

➢ Authorization <u>IS</u> required for the mother

➢ Authorization is <u>not</u> required for the newborn
  ➢ Exceptions:
    ➢ If the newborn is delivered at a different hospital and transferred to a second facility, authorization is required for the second facility.

DRG 7/1/2013

DCF "holds"

➢ Services are not covered.

➢ Authorization requests are not submitted to eQHealth.

DRG 7/1/2013

Acute Inpatient to Rehab Facility Transfers

➢ A separate authorization is required for the Rehab facility.

➢ Authorization requirements include authorization for separate units within the same facility.

PROVIDER OUTREACH, EDUCATION AND TECHNICAL ASSISTANCE

Provider Communications

- ➤ Blast Email Provider Alerts
- ➤ Dedicated Florida website: http://fl.eqhs.org
- ➤ Customer Service:
  - ➤ 855-444-3747
  - ➤ 8 a.m. – 5 p.m.
  - ➤ Monday – Friday (except Florida state holidays)
  - ➤ Email: pr@eqhs.org
- ➤ Secure, **HIPAA compliant**, online inquiries via the eQSuite helpline module

Please do not submit PHI via email to eQHealth

QUESTIONS AND ANSWERS